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J. BRYAN

AUG 1 8 2008

EXAMINER

COVER LETTER

TO: Registration So Division of Co	ection sporations		
SUBJECT: Na	twally Hea (Name of Lim	1 Hry Foods LL ited Liability Company)	C
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Keith Not 111	A. Godden (Name of Person) Healthy Ford (Firm/Company)	
	Naturally	(Firm/Company)	化,LAC. 品额
	Po Box	772347 (Address)	of 15 P
,~	Orlando,	(City/State and Zip Code)	OB AUG 15 PAI 12: 33
For further information of	concerning this matter, please c	all:	
deith A.	Gos des of Person)	at (<u>407)</u> 446 - 6 (Area Code & Daytime 1	2419 Celéphone Number)
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STREET/COURIER	A NNRFSS-

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naturally (Name of the Limited	Heal- Liability Compa Florida Limited	hy Fouds ny as it now appears of the company)	un our records.)	- 24 K2: 33
The Articles of Organization for this Limited Li	ability Company	were filed on <u>Ju</u>		l assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:		
\wedge /A				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Company,	" the designation "LLC" or	the abbreviation
Enter new principal offices address, if applica	ıble:	N/A		
(Principal office address MUST BE A STREE				
		4.		
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered of			records, enter the nam	e of the new
		- '		
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	····		
	·	(Enter	r Florida street address)	
			, Florida	
		(City)	(Zip	Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = N MGRM =	Manager . = Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Gladstone W. Green	1921 The Daks Blvd. Kissimmee, th. 34746	Add Remove
			Add Remove
			_ Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amo	ending any other information, enter cham	nge(s) here: (Attach additional sheets, if necessary.)	
- - -			SECRETARY OF STATE SIVISION OF CORPORATIONS 08 AUG 15 PH 12: 38
Dated	Hugust 12 , 2	008, O HA 609 Du	ARY OF STATE OF CORPORATIONS 15 PH 12: 38
	KEIT	rer or authorized representative of a member H. GODSEN ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00